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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M	T 59620-25	01		Concor Buc 1	тапоро	rialion		
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	URSEMEN	T FOR SCH	OOL BUS TRAI	NSPORT	TATION:	:	
This clain	n is for the	period beginning	I		,	20 and en	ding		,	20	
			:	month	day		m	onth	da	ay	
CERTIF	ICATIO:	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.					
Date			Signatu	re, Chair, Board	l of Trustees						
County:			District	:					District Le	vel:	
34 Park			0612	Livingsto	on Elem				Elemer	ıtary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated		Bus Driver's cial Security #
49	4	1		80	1.57	78	08/23/05				
49	4	2		61	1.57	78	08/23/05	-			

08/23/05

08/23/05

08/23/05

09/08/05

08/23/05

08/23/05

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 0613 Park H S **High School** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # Per Day Per Mile Capacity Inspection 51 1 1 80 1.57 78 08/23/05 2 51 61 1.57 78 08/23/05 51 3 122 78 08/23/05 1 1.57 51 4 62 1.57 78 1 08/23/05 5 95 51 1.57 72 08/23/05 51 1 6 60 0.95 29 09/08/05 7 51 1 18 0.00 84 08/23/05 51 8 24 1.15 54 08/23/05 1

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School District Claim for
State Reimbursement for
School Bus Transportation

State	
District	
County	

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DUE DATES:		February 1 February 1	to Cou	-			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:		
This clain	ı is for the	period beginning			,	20 and e	nding	,	20	
			1	nonth	day				ay	
CERTIFI	CATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.				
Date	Date Signature, Chair, Board of Trustees									
County:			District:					District Le	evel:	
34 Park			0614	Gardine	r Elem			Elemer	ntary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	7	1		24.8	0.95	28	08/26/05			
50	7	2		80.8 1.80 84 07/21/05						
	•		•							

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

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DUE DATES:		February 1 February 1	• -			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPOR'	FATION	•
This clain	This claim is for the period beginning									
CERTIF	ICATIO	N:								
The infor	rmation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County: District: District Level:								evel:		
34 Park 1191 Gardiner H S High School							chool			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays erated	Bus Driver's Social Security #

84

07/21/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:					N:				
This claim is for the period beginning, 20			20 and e	ending		, 20			
				nonth	day		_		day
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and a	accurate to the	best of my kno	owledge.			
Date Signature, Chair, Board of Trustees									
County: District:					District L	.evel:			
34 Park 1215 Arrowhead Elem					Eleme	entary			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	75	a		52	1.57	72	None		
100	75	b		90	1.57	72	None		
100	75	b 1		90	1.57	72	None		
			•				-		

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

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Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 1227 Shields Valley Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Dav Per Mile Operated Social Security # Percentage # Capacity Inspection 70 J12 1 73.6 1.15 59 08/21/05 2 70 J12 81.8 1.36 66 08/21/05 70 3 83.4 70 08/21/05 J12 1.57 4 70 J12 54.4 1.57 72 08/21/05 70 5 J12 70.2 1.36 64 08/21/05 70 J12 6 72.8 1.36 66 08/21/05 J12 100 6A 8.5 1.57 72 08/21/05 100 J12 8.5 1.57 72 08/21/05 6B 70 7 72 J12 58.6 1.57 08/21/05 70 72 J12 7A 17 1.57 08/21/05 100 J12 7B 17 1.36 66 08/21/05

72

08/21/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 1228 Shields Valley H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 30 5 1 73.6 1.15 59 08/21/05 5 2 30 81.8 1.36 66 08/21/05 5 3 83.4 70 08/21/05 30 1.57 5 4 54.4 1.57 72 30 08/21/05 5 5 30 70.2 1.36 64 08/21/05 30 5 6 72.8 1.36 66 08/21/05 5 7 30 58.6 1.57 72 08/21/05 30 5 7A 1.57 72 08/21/05 17 5 100 8.5 72 8B1.57 08/21/05